

## LETTERS TO THE EDITOR

### **The challenging world of hospital librarians**

I read with interest your editorial in the July issue of the *Journal of the Medical Library Association (JMLA)* [1]. I was heartened to see your description of mentoring another librarian through the Leadership Fellows program. This description affirmed what I do in the practicum that I offer to library science students at the University of Illinois. Although the students have some work that focuses on the specifics of health sciences librarianship, a significant portion of their experience involves participating in activities that, on first blush, have very little to do with the library. My goal is to show how the library fits into a larger organization.

I feel I must take issue, however, with your comments about hospital librarians. I myself am blessed to have one professional librarian and two part-time clerical staff. I can only speculate about staffing in other areas of the country. In our little end of the universe, most hospital libraries, if they still exist, are staffed by one person who may or may not hold a master's degree in library science. In addition to managing a library, my colleagues also find they are charged with other functions, such as coordinating continuing medical education or community outreach programs. Indeed, in a number of cases, they consider the library a part-time activity. These responsibilities are not trivial and can consume a large amount of the librarians' time.

Like all of us, they are dealing with shrinking budgets. Because of the hospital mission, direct patient care units tend to win out over support activities during budget allocation, as they should. These librarians also have to deal with new graduates of various programs learning that the highly subsidized resources they had access to in school may not be affordable by the larger institution to which the library belongs. As to technology platforms, those decisions are usually made without considering, or in some cases ignoring, input from

the library. Add to these concerns that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has loosened its standards concerning hospital libraries. JCAHO only requires access to information. So, rather than sighing and fighting the urge to holler, you might consider reflecting on their situation. Then give them the enormous respect they deserve for engaging in the continuous battle just to keep the library open.

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### **Reference**

1. PLUTCHAK TS. Means, not ends [editorial]. *J Med Libr Assoc* 2004 Jul;92(3): 293-5.

### **More research needed on the Academy of Health Information Professionals, the profession, and the Medical Library Association**

We are writing to respond to the comments about our study on librarians' attitudes toward the Academy of Health Information Professionals [1]. Qualitative researchers are often confronted by statements, such as the one made by Flemming, Dorsch, and Funk, that we "selectively" chose comments of the respondents to include in our paper. The reason for this misconception stems from the subjectivity of qualitative research, an issue that many authors have addressed over the years. An article on the validity of qualitative research by Johnson [2] clearly explains this whole issue and provides several measures qualitative researchers can use to increase the validity of their research. Validity refers to results that are credible, trustworthy, defensible, and plausible.

One method to increase the validity of research is the use of investigator triangulation, which means that more than one person interprets the data. Another measure is inter-rater reliability, that is, the consistency of agreement when two people (raters) judge the same variables independently of each other. To address the issue of validity, both Kars and Baker independently coded and categorized the responses to the open-ended questions and, as explained in the paper, came together to discuss and categorize the ones we did not place in the same categories. Another method we used is what Johnson calls "low inference descriptors," that is, the use of direct quotes of the respondents. Together, Kars and Baker chose quotes that they agreed were the most representative of each category.

Flemming, Dorsch, and Funk question the usefulness of our study, pointing out that the "right questions" need to be asked and the "right methods" used "to get useful answers about the value of membership in the academy." It is easy to criticize other people's research and to state what should have been done. To contribute to a body of knowledge about a topic, researchers scan the literature to identify some aspect that has received little attention by other researchers. Finding little research on librarians' attitudes toward the academy, we decided to focus on this issue, thereby contributing *new* information to the literature about the academy. In response to this comment, we suggest that the Medical Library Association (MLA) support researchers in academia who are interested in health sciences issues by providing grants to conduct larger studies. More research needs to be done not only on the academy, but also on the profession and MLA, as Flemming, Dorsch, and Funk suggest.

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## References

1. FLEMMING T, DORSCH J, FUNK CJ. The Academy of Health Information Professionals: ripe for research [comment and opinion]. *J Med Libr Assoc* 2004 Jul;92(3):297-8.
2. JOHNSON RB. Examining the validity structure of qualitative research. In: Patten ML, ed. *Understanding research methods*. 2nd ed. Los Angeles, CA: Pyczak Publishing, 2000.